

Transitioning Back to School During COVID-19 for Anxious Youth

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1/12/22



Disclaimer and Funding Statement

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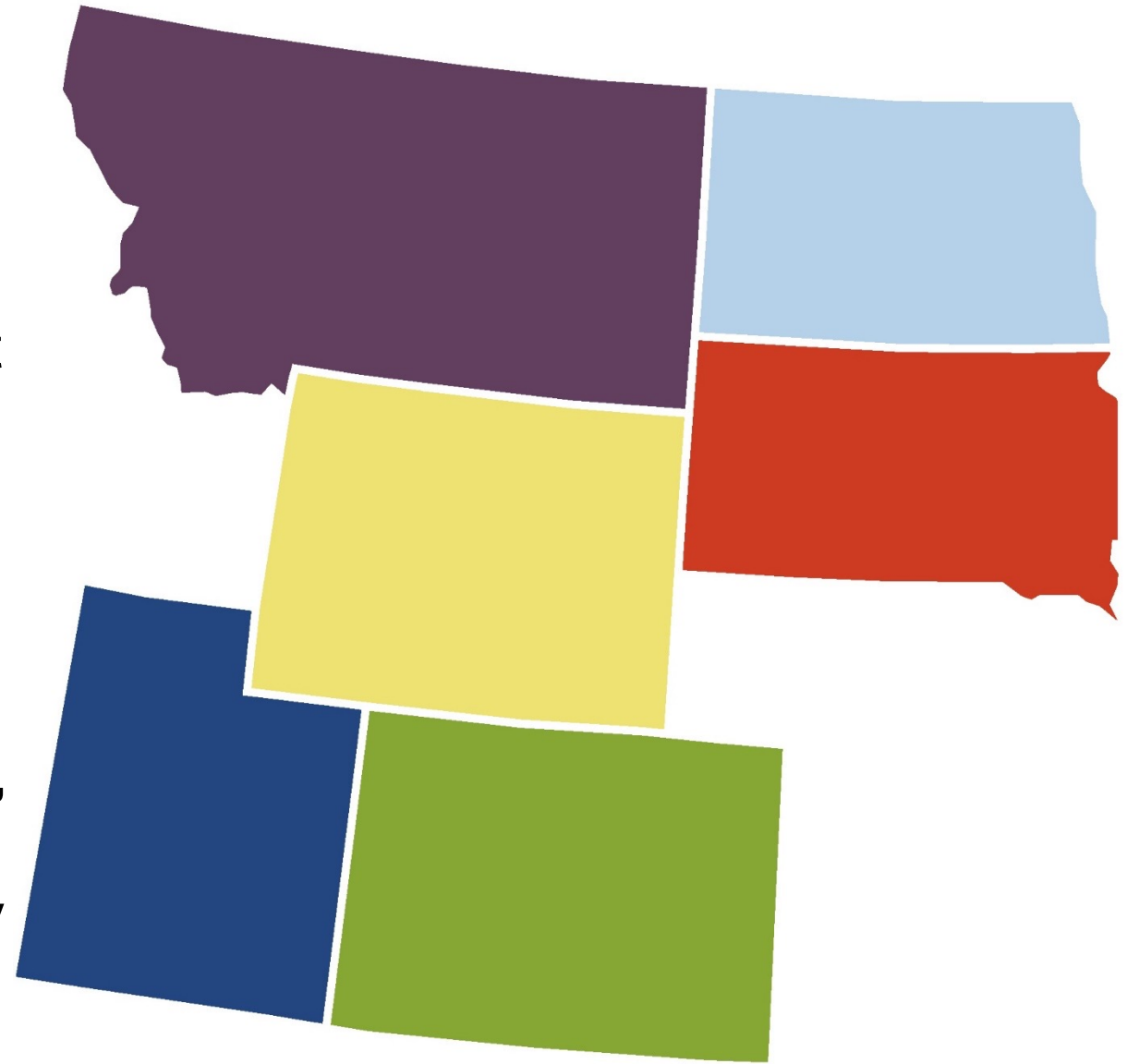
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Agenda

- Introductions
- What is anxiety?
- COVID-19 impact
- Developmental perspective
- Treatment
- Resources

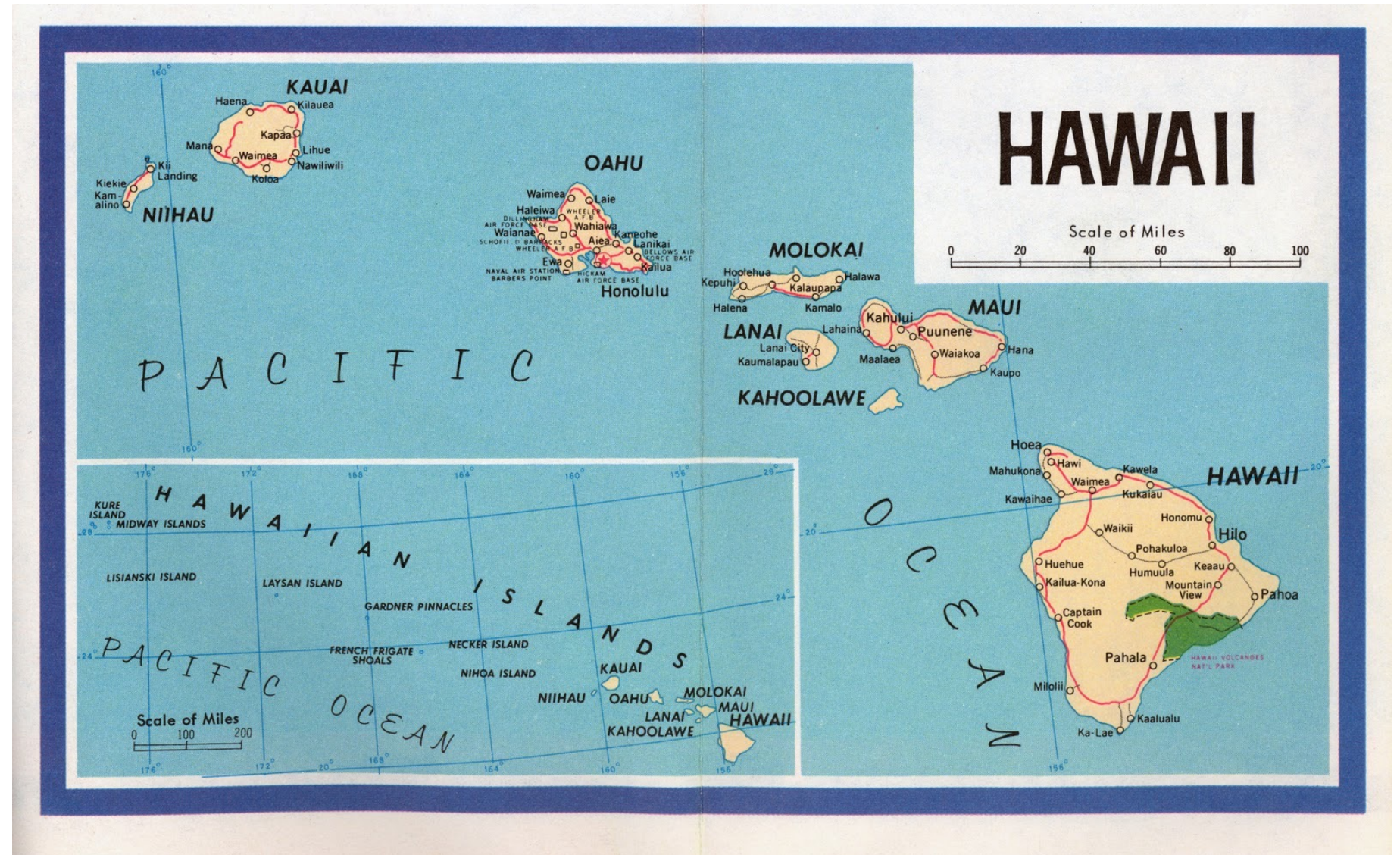
Objectives

- Consider the impact of COVID-19 on youth and caregiver mental health.
- Identify signs of anxiety in students transitioning back to school during COVID-19.
- Provide practical tips to assessing and addressing anxiety.
- Distinguish clinical anxiety from worry in youth.
- Address development and cultural adaptations to anxiety treatment.

Introductions!

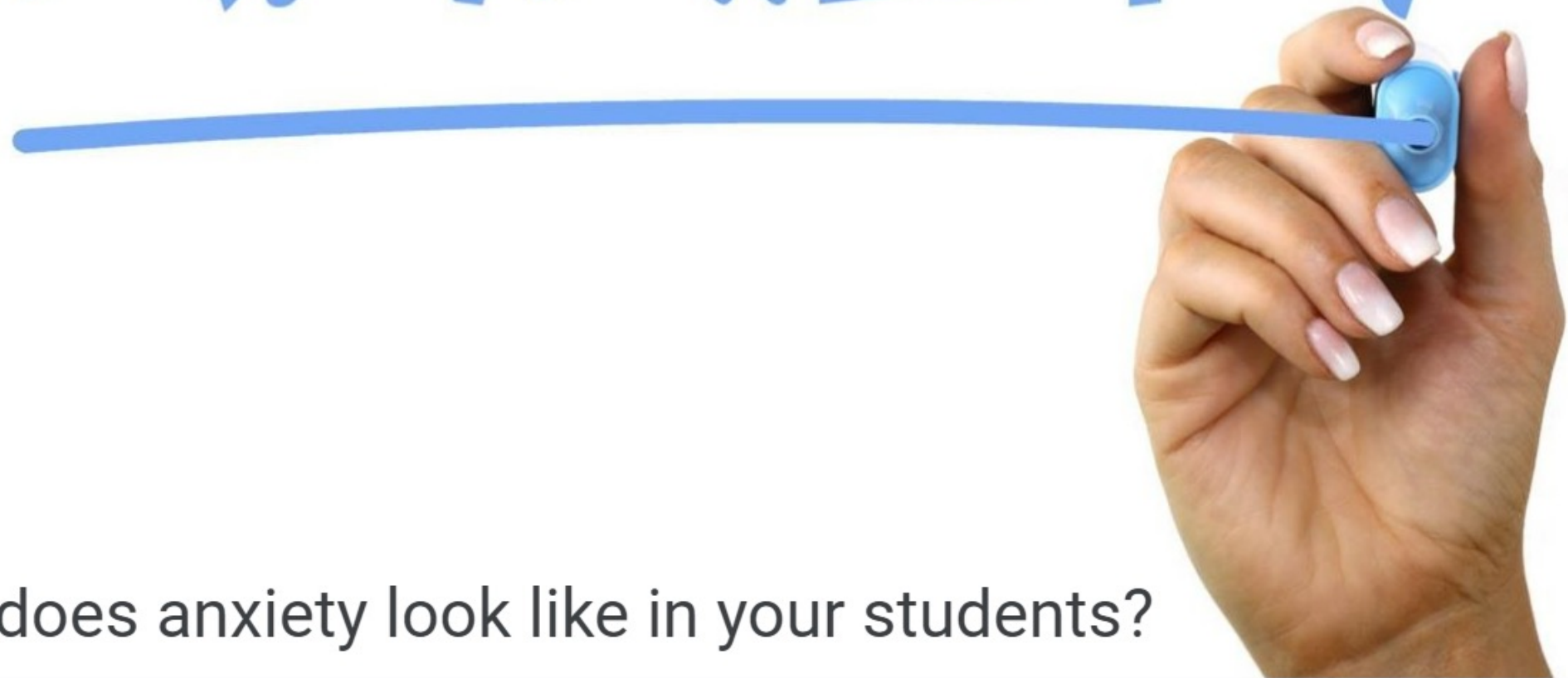
Use the chat function

- Your name
- Your role
- Where you're located



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ANXIETY



What does anxiety look like in your students?

Prevalence

- 20% of youth will have a mental health concern before age 18
- Anxiety and depression most common
- Less treated in adolescents (Costello, He, Sampson, Kessler, & Merikangas, 2014)

Table 1

Data on 12-month service use from the National Comorbidity Survey Adolescent Supplement among youths with a *DSM-IV* disorder, by diagnosis and service setting

Diagnostic variable	N	Mental health specialty		General medical		Human services		CAM ^a		Juvenile justice		School		Any	
		%	SE	%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
Anxiety disorder															
Panic disorder	120	26.1	5.5	14.2	3.7	14.0	4.0	13.1	4.7	2.2	.7	28.7	6.6	49.1	7.2
Agoraphobia without panic	100	28.8	6.6	8.3	3.0	13.7	8.1	7.4	3.9	2.8	1.5	37.3	9.4	52.0	8.7
Specific phobia	1,000	20.0	2.9	9.2	1.6	8.7	1.5	3.9	1.0	2.3	.5	20.7	2.0	40.7	2.6
Social phobia	778	24.9	3.1	10.0	2.0	6.9	1.3	5.0	1.2	3.2	1.4	22.5	3.0	42.2	3.2
Generalized anxiety disorder	106	35.0	8.3	9.6	3.4	9.2	3.3	13.7	3.5	3.3	1.6	36.2	9.0	56.7	7.4
Separation anxiety disorder	92	27.0	8.0	12.6	4.7	12.0	4.8	13.6	5.0	4.2	2.3	21.1	7.9	47.3	7.8
Posttraumatic stress disorder	210	37.0	4.1	11.4	3.1	11.5	2.8	11.8	2.8	4.1	2.0	32.8	6.0	60.2	5.8
Any anxiety disorder	1,506	22.3	2.4	9.3	.8	8.0	1.0	5.0	.8	2.7	.6	20.9	1.8	41.4	1.9

PANDEMIC IN A PANDEMIC

Parents' Mental, Physical Health Impacted Since Start of Pandemic



say they could have used more emotional support than they received.



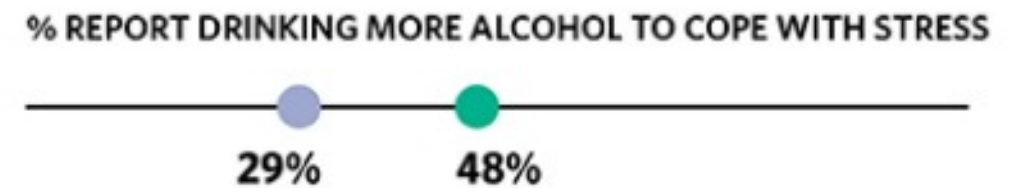
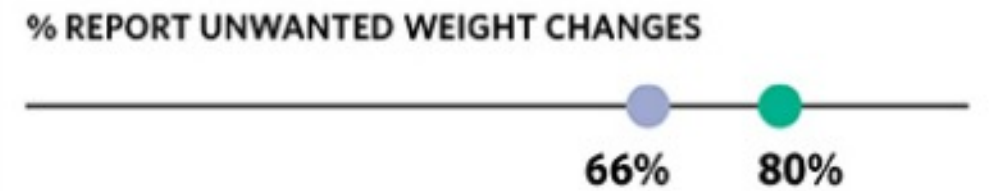
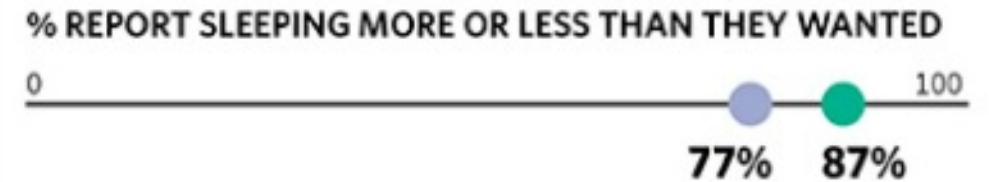
received treatment from a mental health professional.



were diagnosed with a mental health disorder since the pandemic started.

Mothers are more likely than fathers to say their mental health has worsened compared with before the pandemic (39% vs. 25%), but fathers are more likely to report behavioral and physical changes:

■ MOTHERS ■ FATHERS



COVID-19 Impact

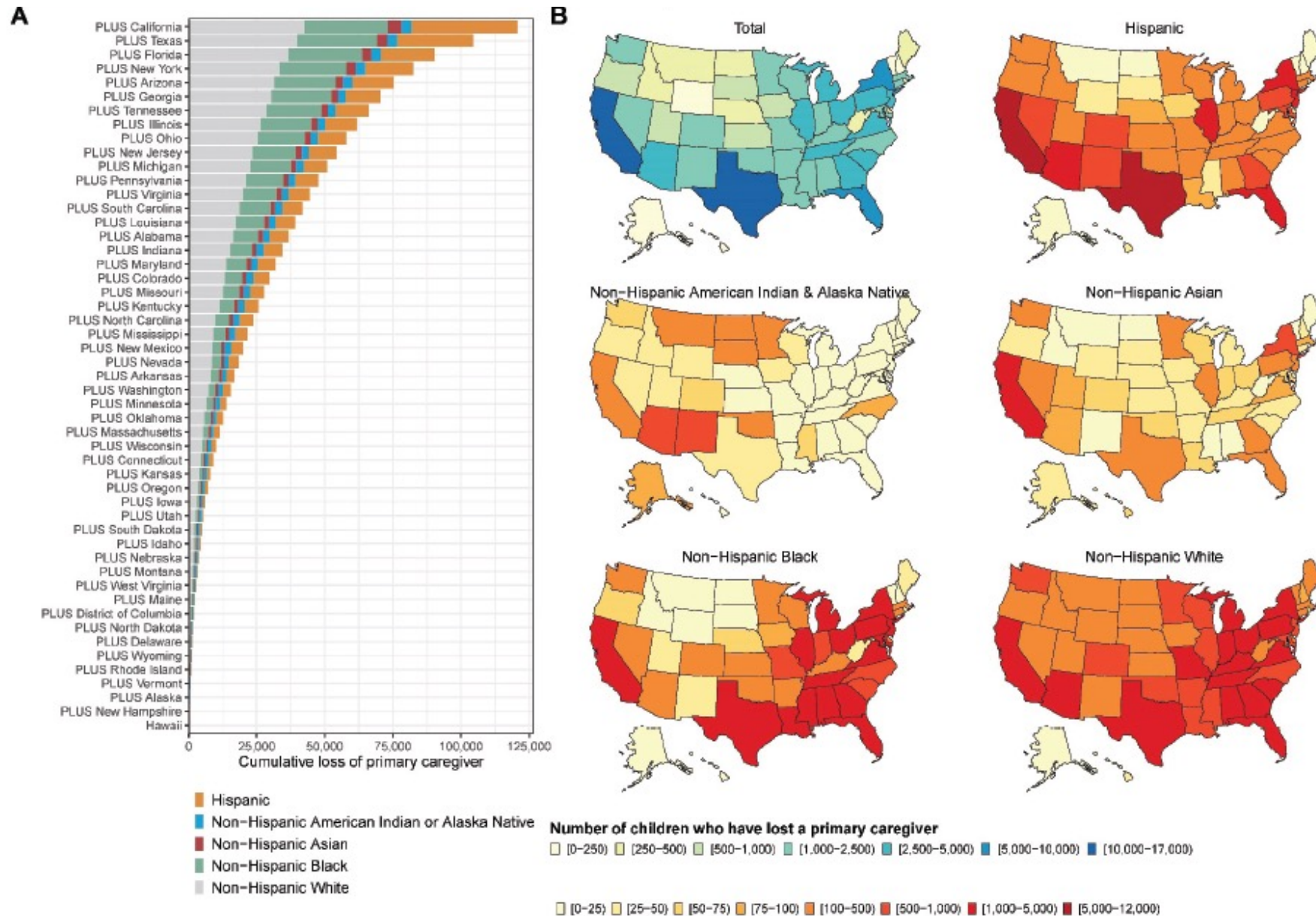


Figure 1: A. Total estimated children losing at least one primary caregiver (parent or custodial grandparent) to COVID-19; cumulative totals across states ordered by number of caregivers lost from bottom lowest (New Hampshire) to top highest (California). B. Estimated children losing at least one primary caregiver by race and ethnicity

COVID-19 Impact

- Increased physical health concerns
- Reduced resiliency in youth and families
- Decision fatigue
- Vaccine attitudes
- Larger disparities

Emergency department visits for suspected suicide attempts among U.S. girls ages 12–17 have increased during the COVID-19 pandemic*

February–March 2021

51% ↑

From the same period in 2019

* After an initial drop
CDC.GOV

Suicide can be prevented

- ▶ Increase social connections for youth
- ▶ Teach youth coping skills
- ▶ Learn the signs of suicide risk and how to respond
- ▶ Reduce access to lethal means (like medications and firearms)

Help is available 24/7 at suicidepreventionlifeline.org

bit.ly/MMWR61121 **MMWR**

% REPORTING

■ 2021 ■ 2020

Family responsibilities are a very/somewhat significant source of stress



Relationships are a very/somewhat significant source of stress



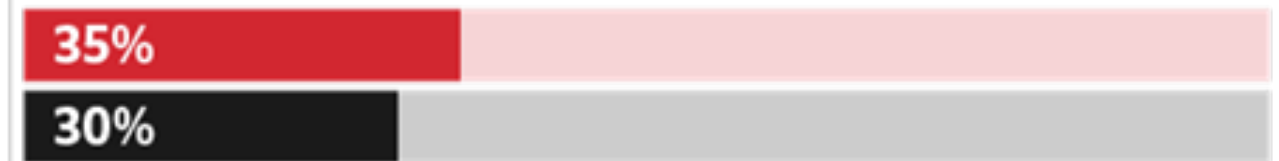
Could have used more emotional support than they received over the past year



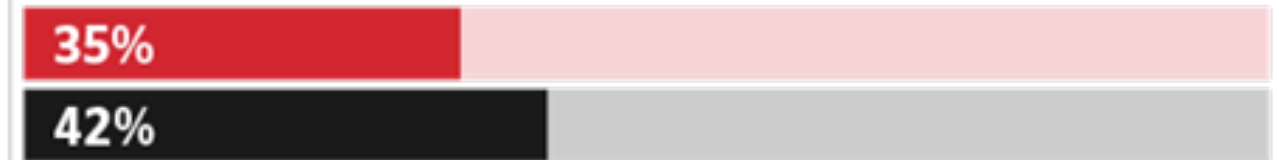
Feel they are doing enough to manage their stress



Naps to manage stress



Spends time with friends or family to manage stress



Mental health is very good or excellent

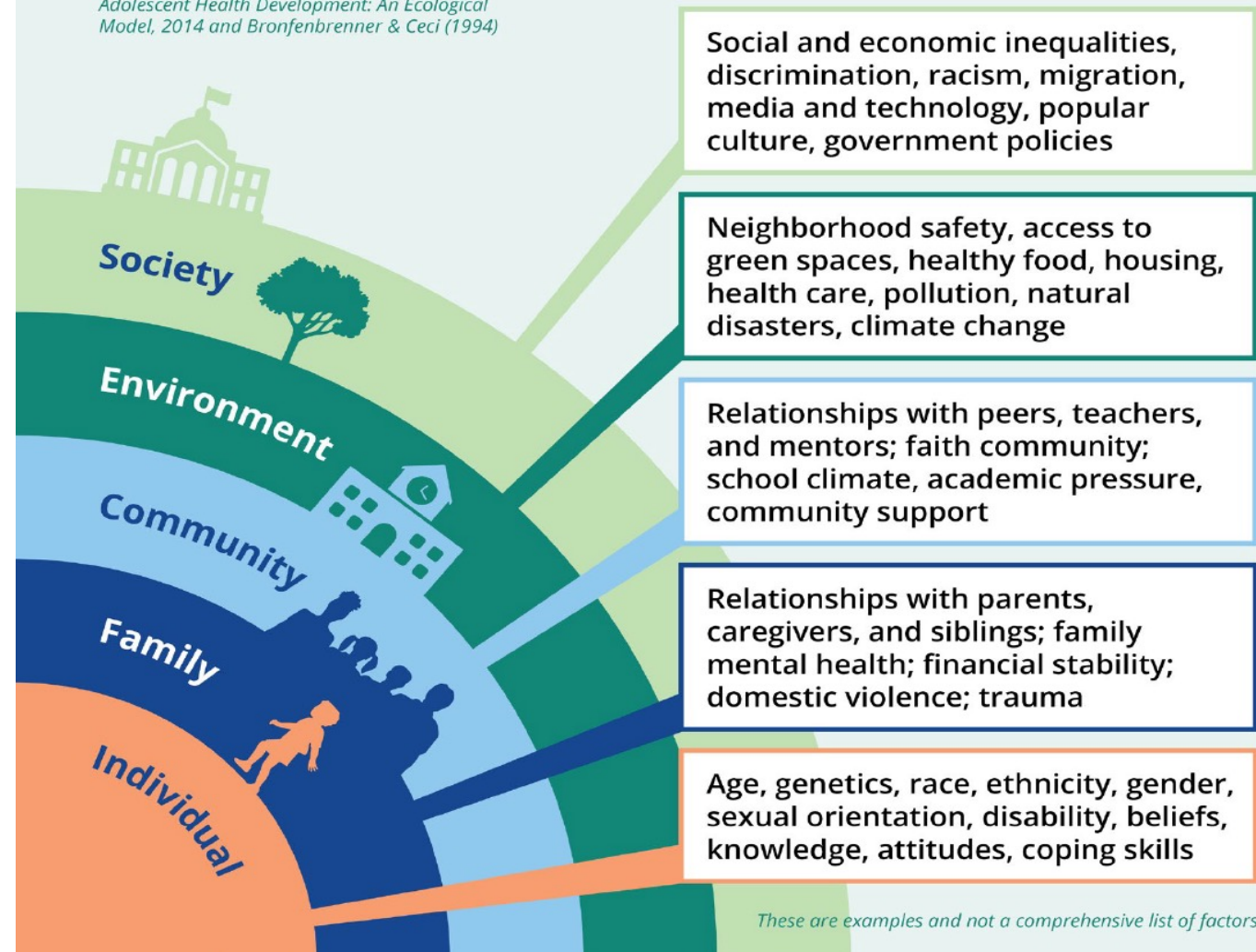


U.S. Surgeon General's Youth Mental Health Advisory

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE



Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)



RISK FACTORS CONTRIBUTING TO YOUTH MENTAL HEALTH SYMPTOMS DURING THE PANDEMIC *Note: Not a comprehensive list of risk factors*

Having **mental health challenges** before the pandemic^{61, 64}

Living in an **urban area** or an **area with more severe COVID-19 outbreaks**⁶⁵

Having parents or caregivers who were **frontline workers**⁶⁶

Having parents or caregivers at elevated risk of **burnout** (for example, due to parenting demands)^{67, 68}

Being **worried about COVID-19**⁶⁴

Experiencing **disruptions in routine**, such as not seeing friends or going to school in person^{69, 70, 71}

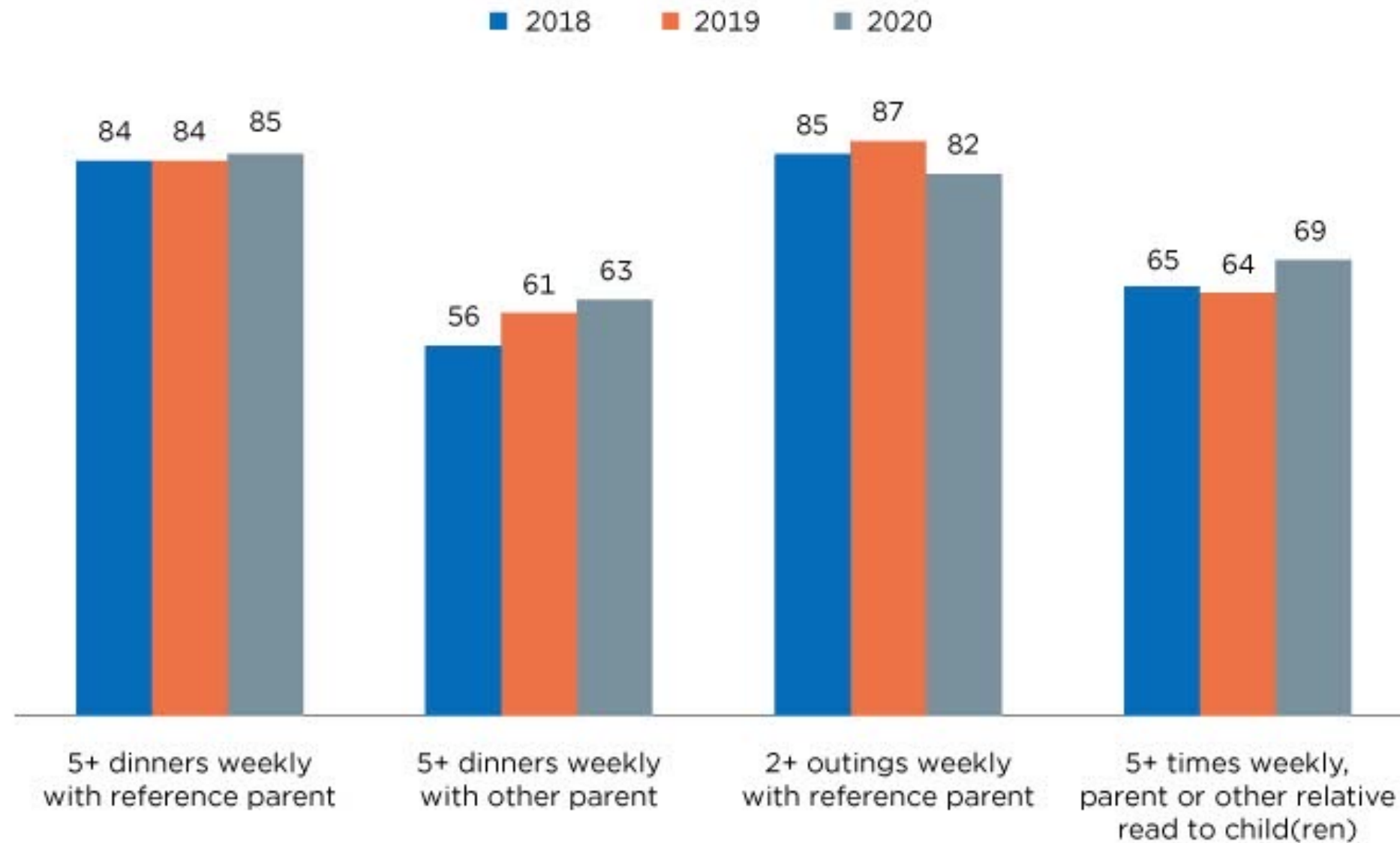
Experiencing more **adverse childhood experiences (ACEs)** such as abuse, neglect, community violence, and discrimination^{72, 73, 74}

Experiencing more **financial instability, food shortages, or housing instability**^{75, 76}

Experiencing **trauma**, such as losing a family member or caregiver to COVID-19⁷⁷

Parents and Children: Fewer Outings but More Shared Dinners and Reading Together: 2020

(In percent)

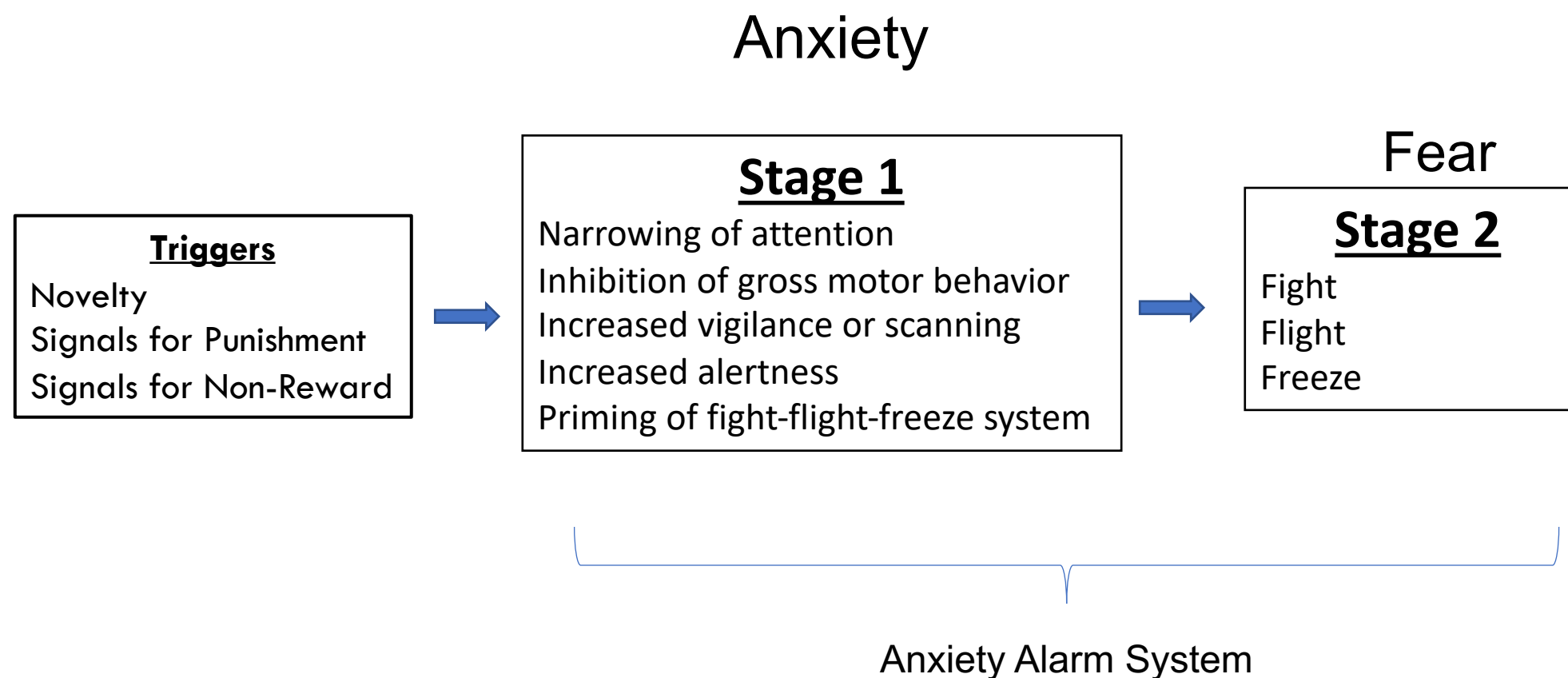


Note: Dinners apply to parents with children ages 0-17, outings and reading apply to parents with children ages 0-5.

Source: U.S. Census Bureau, Survey of Income and Program Participation 2018, 2019 and 2020.

Developmental Perspective

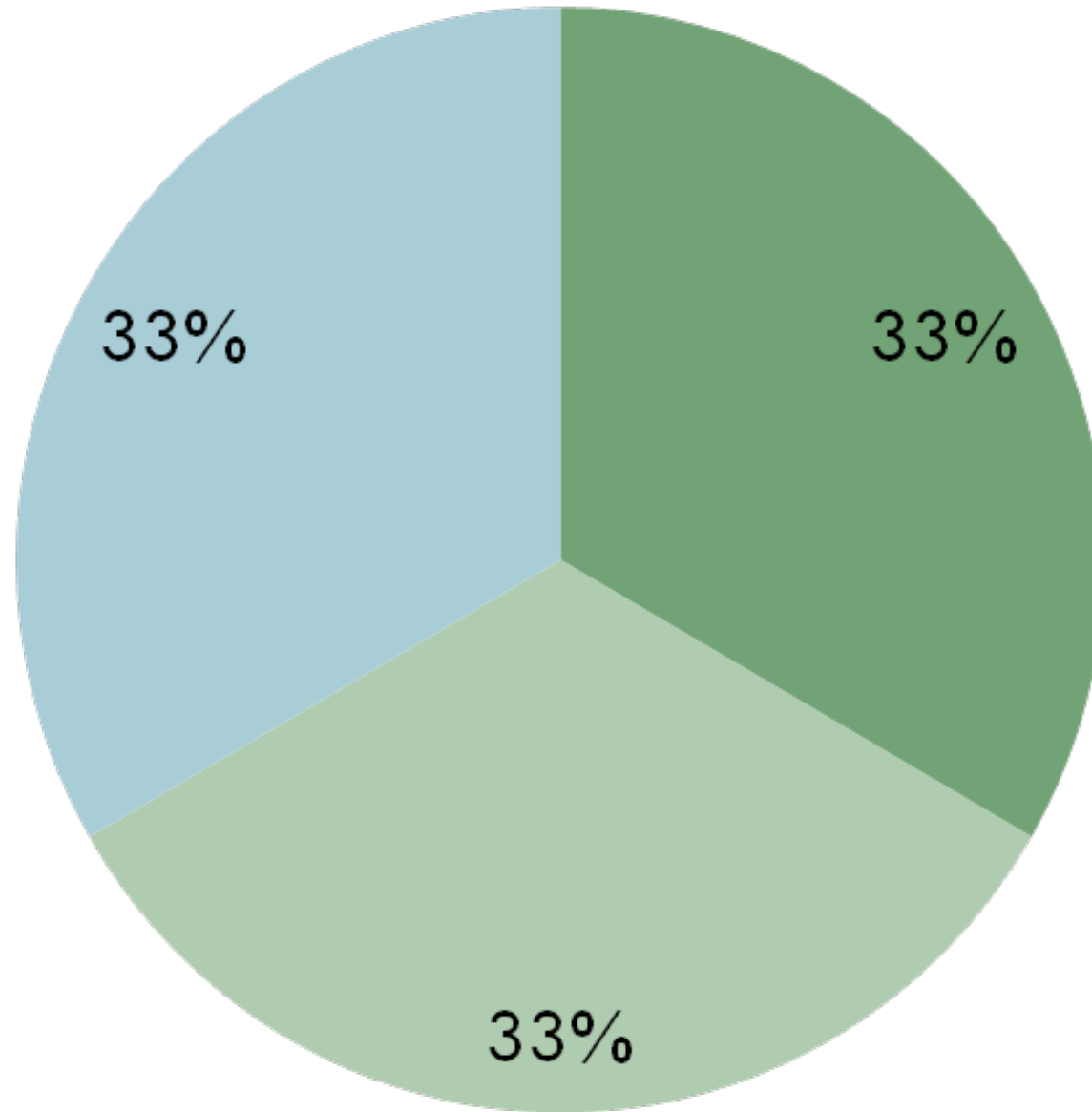
The Anxiety Alarm System



Triple Vulnerability Model

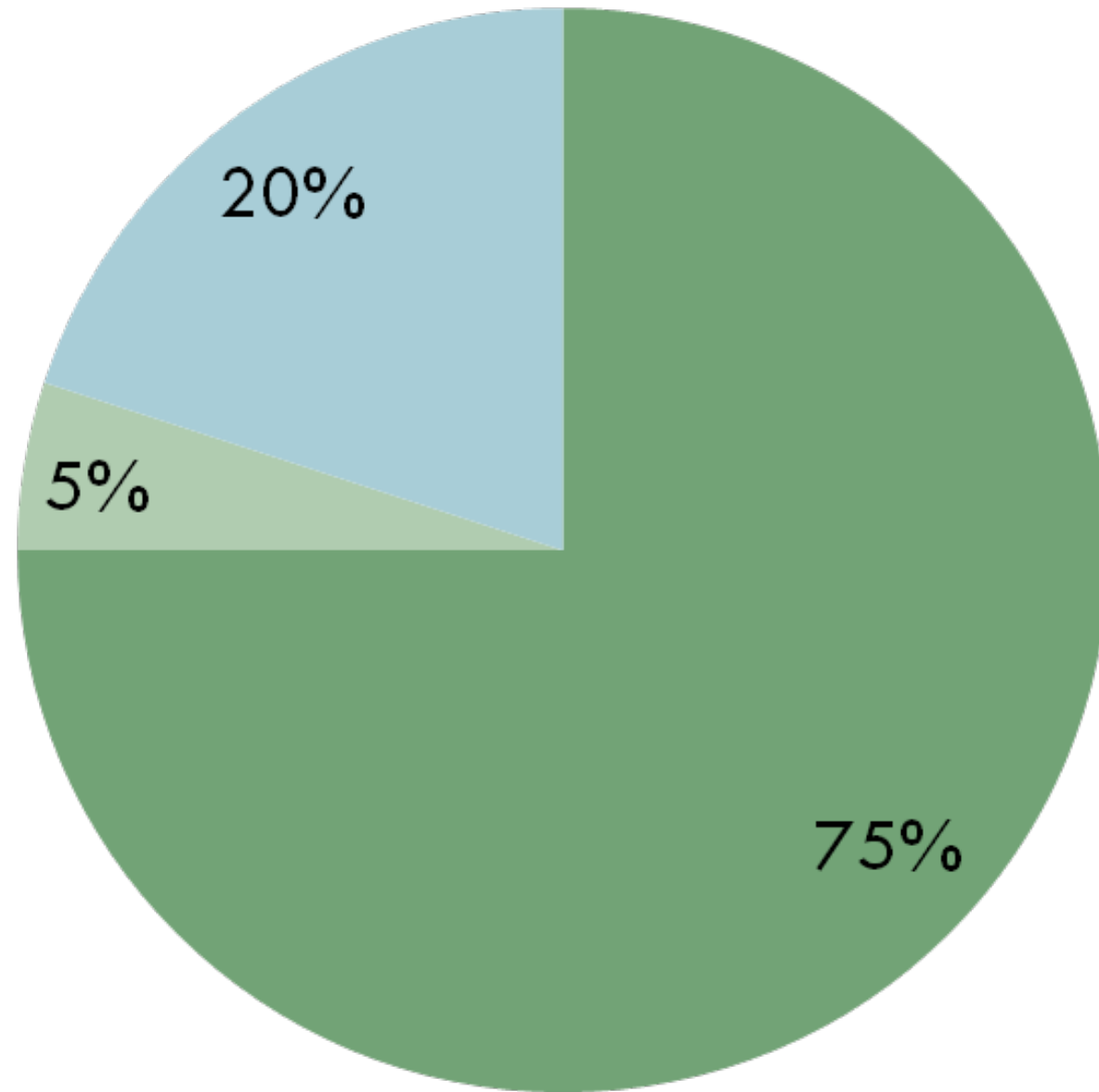
- Sensitive alarm
- Early learning
- Specific events
 - Abuse/neglect
 - Separated from parents
 - Witness an accident
 - Peer rejection/neglect
 - School transition

Anxiety Disorder



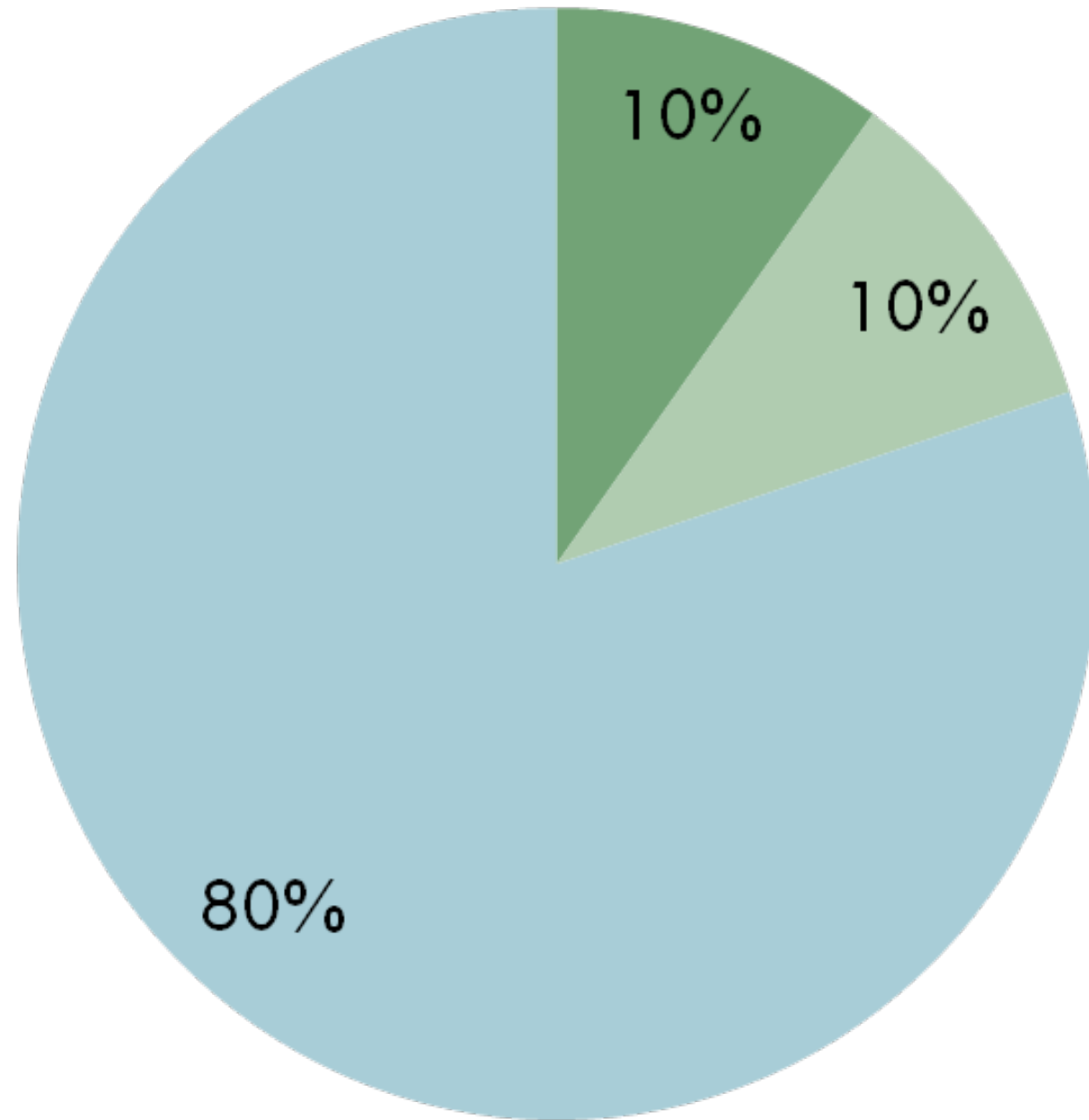
- Sensitive Alarm
- Early Learning
- Specific Events

Anxiety Disorder



- Sensitive Alarm
- Early Learning
- Specific Events

Anxiety Disorder



- Sensitive Alarm
- Early Learning
- Specific Events

Disorder	Trigger & Thought Pattern	Avoidance Behaviors	Other Considerations
Social Phobia	Social situations Embarrassment	Evaluation settings	Pseudo-maturity, school refusal
Panic	Internal sensations Death, dying, "going crazy"	Panic settings	Stage 2; Reciprocal determinism
Separation anxiety	Separation Harm to self or caregivers	Clingy, school refusal	Younger students, school refusal
Obsessive-compulsive	Obsessions (≠ colloquial usage)	Compulsions	Potentially bizarre, nonsensical
PTSD	Trauma cues Re-experiencing	Trauma cues	Traumatic event ≠ PTSD, Stage 2
Specific phobia	Specific stimuli	Feared objects	Very common, Interference, Blood phobia evolution
Generalized anxiety	Varying events "What if..."	Over- or under-prepare	Reassurance seeking; Stage 1

Anxiety Treatment

What have you found successful to support students with anxiety?



Cognitive Behavioral Foundations

- Why CBT?



Blue Menu of Evidence-Based Psychosocial Interventions for Youth

This report³ is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period April 2021 – September 2021 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at www.practicewise.com. Looking for the American Academy of Pediatrics (AAP) Evidence-Based Child and Adolescent Psychosocial Interventions tool? It is available on the [AAP website](#).

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5 ^b - NO SUPPORT
Anxious or Avoidant Behaviors	Attention Training, Cognitive Behavior Therapy (CBT), CBT and Medication, CBT for Child and for Parent, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, Attention, Biofeedback, CBT and Expression, CBT and Parent Management Training (PMT), CBT with Parents Only, Cultural Storytelling, Family Psychoeducation, Hypnosis, Mindfulness, Relaxation, Stress Inoculation	Contingency Management (CM), Group Therapy	Behavioral Activation and Exposure, Play Therapy, PMT, Psychodynamic Therapy, Rational Emotive Therapy, Social Skills	Assessment/Monitoring, Attachment Therapy, Attention Training and Exposure, Client Centered Therapy, Eye Movement Desensitization and Reprocessing, Peer Pairing, Problem Solving, Psychoeducation, Relationship Counseling, Teacher Psychoeducation
Attention and Hyperactivity Behaviors	Biofeedback, Cognitive Training, Contingency Management, PMT, PMT and Medication, Self Verbalization	Behavior Therapy and Medication, Behavioral Family Therapy, Behavioral Sleep Intervention, CBT, CBT and Medication, CBT and PMT and Medication, CBT with Parents, Education, Joint Attention/Empathetic & Emotional Engagement, Motivational Interviewing (MI)/Engagement and PMT, Parent Coping/Stress Management, Parent Psychoeducation, Physical Exercise, PMT and Classroom Behavior Management and Cognitive Training, PMT and Classroom Management and CBT, PMT and Problem Solving, PMT and Teacher Psychoeducation, Relaxation and Physical Exercise, Social Skills and Education, Social Skills and Medication	Biofeedback and Medication	PMT and Parent Responsivity Training, PMT and Social Skills, Relaxation, Self Verbalization and Contingency Management, Social Skills	Attention Training, Client Centered Therapy, Communication Skills, CBT and Anger Control, CBT and PMT, Family Therapy, Play Therapy, PMT and Multimodal Treatment for Parent, PMT and Self-Verbalization, PMT and Supportive Listening for Parent, Problem Solving, Psychoeducation, Self Control Training, Self Verbalization and Medication, Skill Development
Autism Spectrum Disorders	CBT, Intensive Behavioral Treatment, Intensive Communication Training, Joint Attention/Empathetic & Emotional Engagement, PMT, Social Skills	Family Psychoeducation, Imitation, Peer Pairing, PMT and Medication, Theory of Mind Training	None	Massage, Peer Pairing and Modeling, Play Therapy	Biofeedback, Client Centered Therapy, Cognitive Training, Communication Skills, Contingent Responding, Eclectic Therapy, Fine Motor Training, Modeling, Parent Psychoeducation, Physical/Social/Occupational Therapy, Sensory Integration Training, Social Skills and Peer Pairing, Structured Listening
Delinquency and Disruptive Behavior	Anger Control, Assertiveness Training, CBT, CM, MI/Engagement, Multisystemic Therapy, PMT, PMT and Problem Solving, Problem Solving, Social Skills, Therapeutic Foster Care	CBT and PMT, CBT and Teacher Training, Communication Skills, Cooperative Problem Solving, Family Therapy, Functional Family Therapy, Mindfulness, PMT and Classroom Management, PMT and Medication, PMT and Social Skills, Rational Emotive Therapy, Relaxation, Self Control Training, Transactional Analysis	Client Centered Therapy, Moral Reasoning Training, Outreach Counseling, Peer Pairing	CBT and Teacher Psychoeducation, Exposure, Parent Psychoeducation, Physical Exercise, PMT and Classroom Management and CBT, PMT and Self-Verbalization, Stress Inoculation	Behavioral Family Therapy, Catharsis, CBT with Parents, Education, Family Empowerment and Support, Family Systems Therapy, Group Therapy, Imagery Training, MI/Engagement and CBT, Play Therapy, PMT and Peer Support, Psychodynamic Therapy, Psychoeducation, Self Verbalization, Skill Development, Wraparound
Depressive or Withdrawn Behaviors	CBT, CBT and Medication, CBT with Parents, Client Centered Therapy, Family Therapy	Attention Training, Cognitive Behavioral Psychoeducation, Expression, Interpersonal Therapy, MI/Engagement, MI/Engagement and CBT, Physical Exercise, Problem Solving, Relaxation	None	Behavioral Activation, Mindfulness, Self Control Training, Self Modeling, Social Skills	Attention, CBT and Anger Control, CBT and Behavioral Sleep Intervention, CBT and PMT, Goal Setting, Life Skills, Play Therapy, PMT, PMT and Emotion Regulation, Psychodynamic Therapy, Psychoeducation

Cognitive Behavioral Foundations

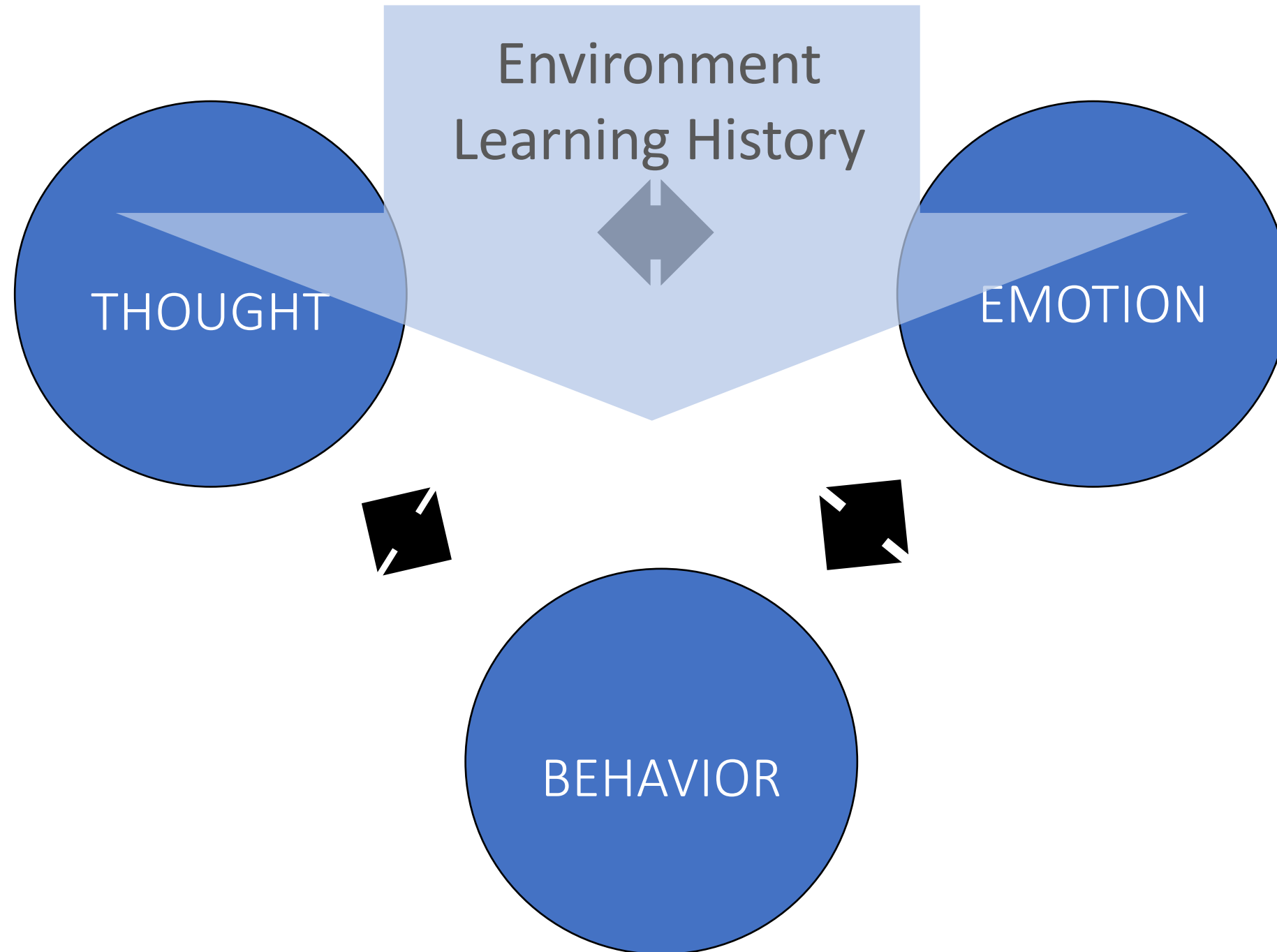


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Cognitive triangle

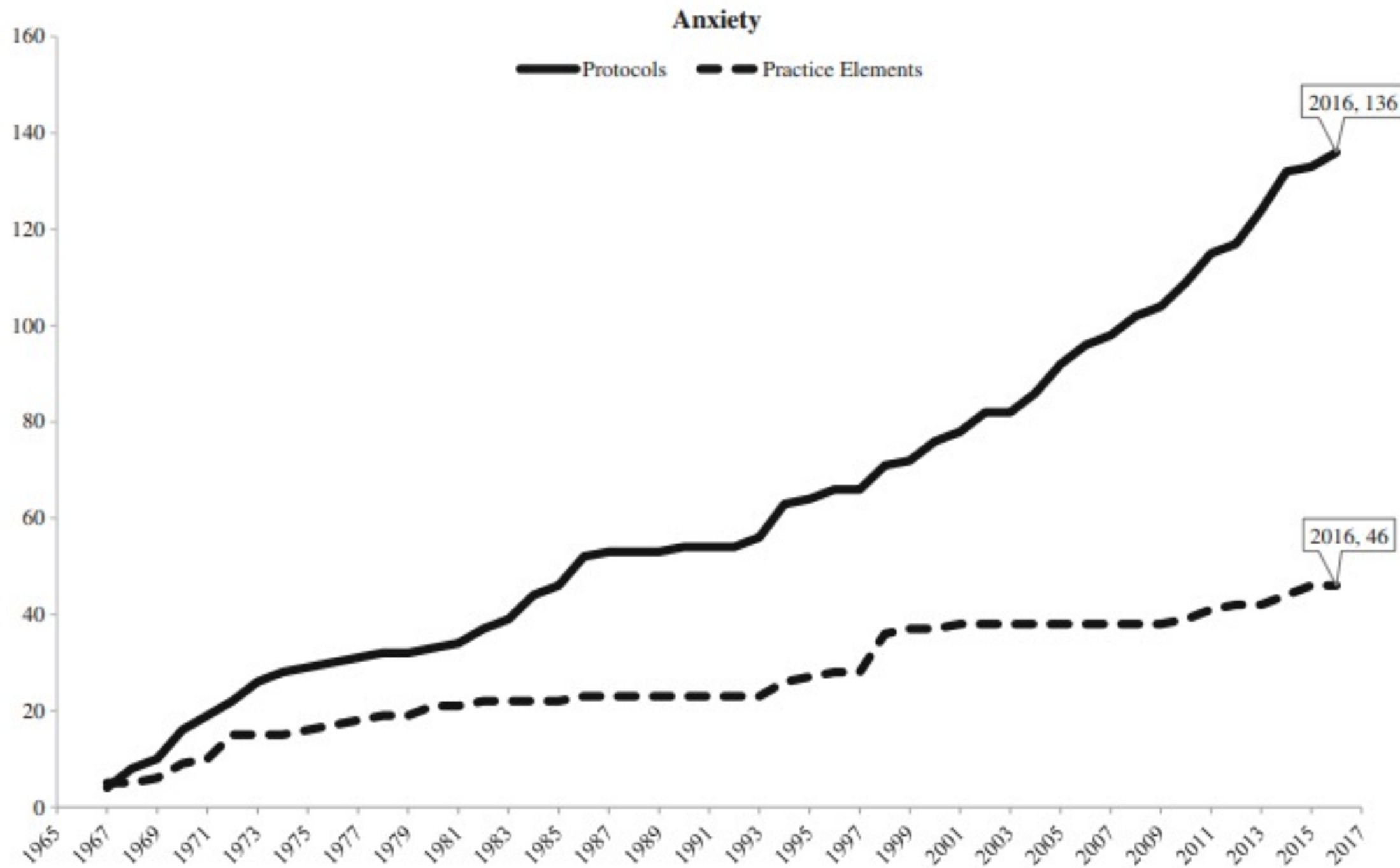


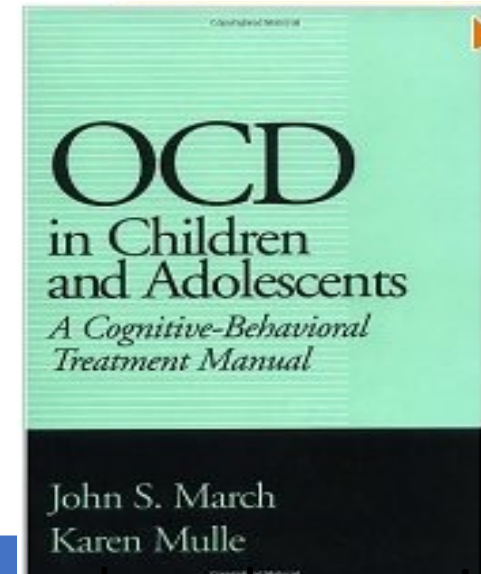
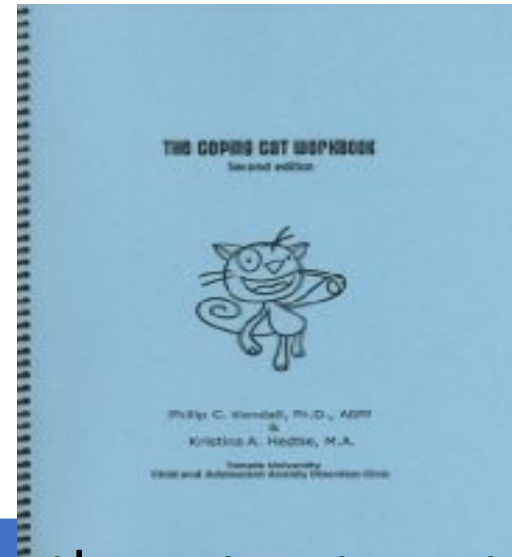
Core ideas

- Repeated measurement of specific target.
- Student, parent, & teacher as expert (humility).
- Collaboration.
- Socratic questioning.
- Genuine curiosity.
- Toolbox analogy.
- Coaching.
- Hypothesis-testing.

Figure 1

Anxiety protocols and practice element frequencies over time





That is, these treatment protocols can be considered like a recipe. ✓

In the next section, we'll present two key practices ✓

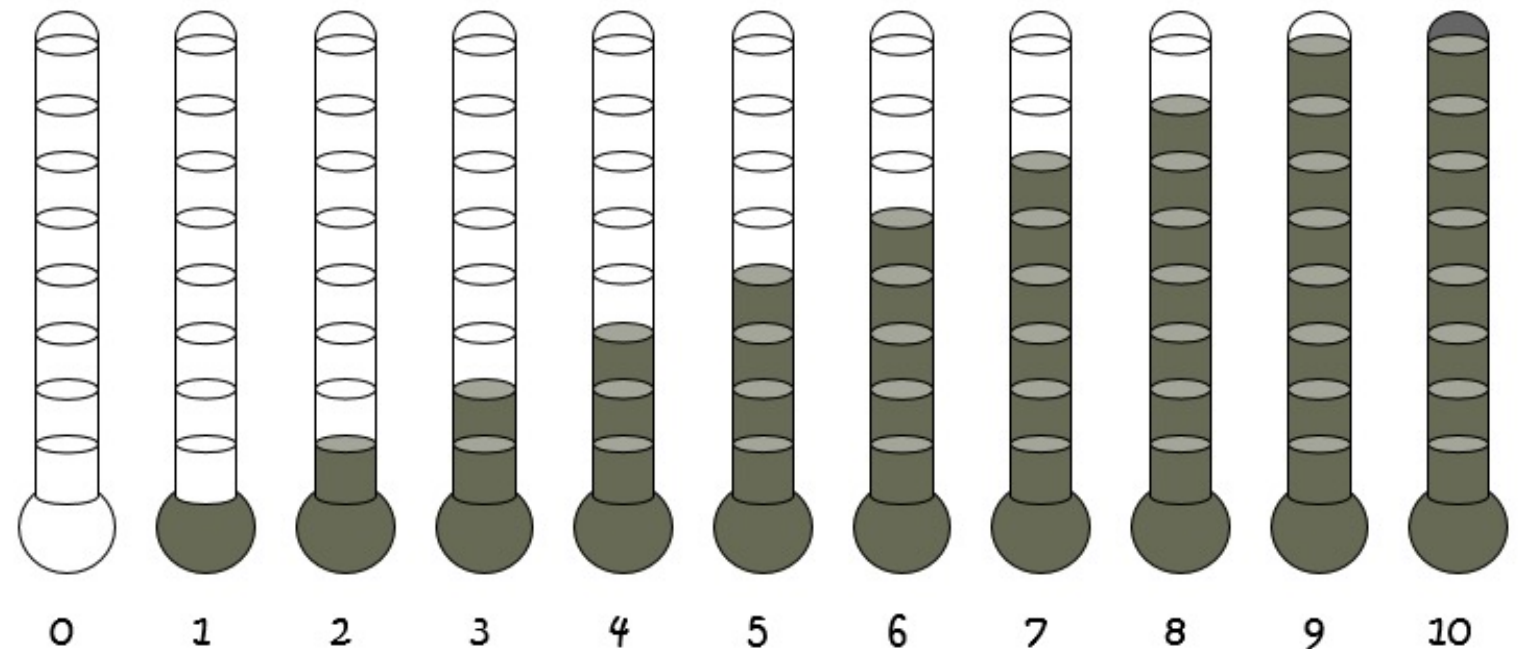
Exposure	✓	✓	✓
Cognitive	✓	✓	✓
Psychoeducation - C	✓		
Relaxation	✓	✓	
Modeling	✓		✓
Self-Monitoring	✓	✓	✓

Self-Monitoring

Objectives & Steps

- Gather information on what types of situations make a student anxious.
- Construct a list of feared items to guide practice.
- Get ratings from student.
- Get others' perspective.

Fear Thermometer



Let's Try!

11 year-old male with
social phobia and
difficulty with speaking in
front of others

Your goal is to help build
his fear ladder

10 Giving a 10 minute
presentation to the
entire school

5 Giving a 1 min
presentation to the
class

1 Asking a stranger
a question

Exposure

Objectives & Steps

- Practice/exposure to feared situations.
- Allow habituation to occur.
- Repeat until fear ratings are reduced.
- Choose a practice item.
- Record ratings in practice record.
- Continuous or discrete?
- In vivo or imaginal?
- Debrief.

Practice Record

Goal: Each time you practice, repeat _____ times or until your rating comes down to _____. You can do it!

Start Date: _____

Day	_____	_____	_____	_____	_____	_____	_____
Item	_____	_____	_____	_____	_____	_____	_____

Day	_____	_____	_____	_____	_____	_____	_____
Item	_____	_____	_____	_____	_____	_____	_____

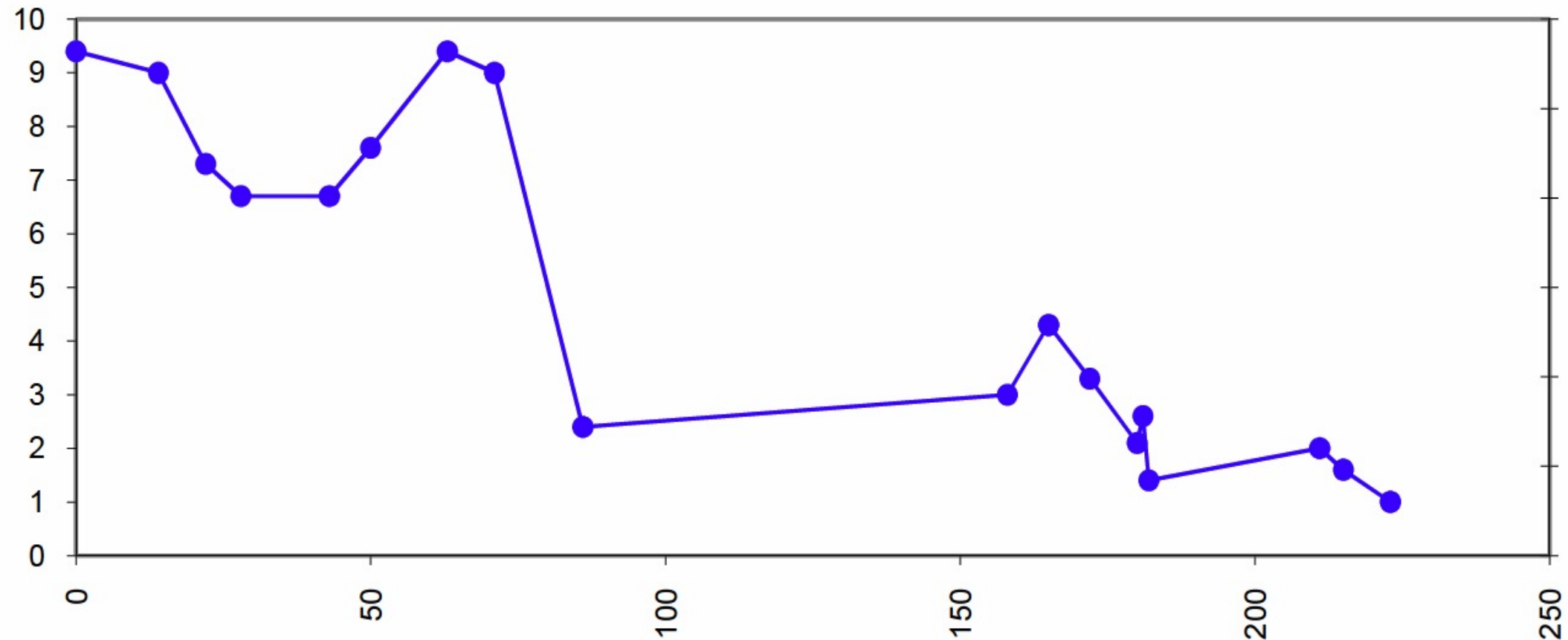
Model

Self-monitoring (model)

- Review and reflect on the data

Fear ratings 0-10

Fear Hierarchy/Ladder	Initial	Last session	This session
Saying Hi to a stranger	2	2	
Speaking in front of class (1 min)	5	3	



Exposure (model)

- 11 year-old male with social phobia with difficulty speaking in front of others. Goal is to have student practice one in vivo trial of giving a speech for 10 seconds standing up.

Resources

CULTURE IS PREVENTION

RESILIENCY



native@mhttcnetwork.org
mhttcnetwork.org/native

Native people are resilient. Traditional beliefs and holistic practices have sustained Native people throughout time. These include:

- **Loving the Creator, oneself, and one's community.**
- **Advocating for our young, supporting our elders.**
- **Remembering the strength and will of our ancestors during challenging times.**

Questions to consider

- What is my **style**?
- How do I **deliver** the message?
- Who is **involved** that I need to change?
- Does the **rationale** make sense?
- What is the **meaning** of what I am trying to say?
- What I am **asking** the student/family to do?

CRISIS TEXT LINE |

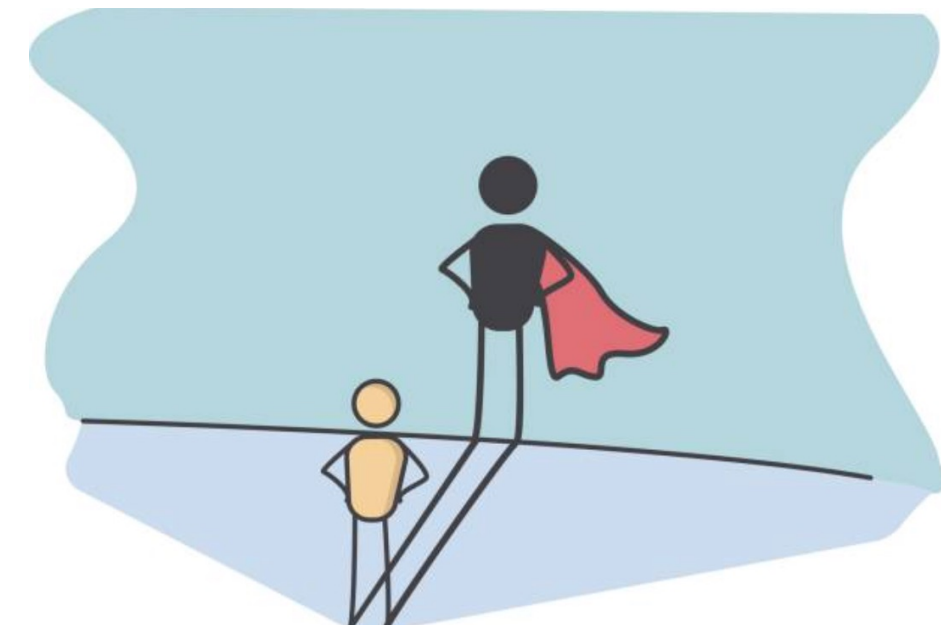
**Text HOME to 741741 to
connect with a Crisis
Counselor**

National Suicide Prevention Lifeline

 **1-800-273-8255**

What YOU Can Do

- Recognize mental health as essential part of overall health
- Empower youth and their families to recognize, manage and learn from difficult emotions
- Support mental health in educational, community and childcare settings
- Build a supportive, stable and predictable environment
- Educate about mental health
- Using standardized & personalized tools to identify risk (considering baseline)
- Build and coach coping skills (limit avoidance)
- Keep a trauma informed mindset
- Monitor suicidal ideation
- Be a role model:
 - take care of your own mental and physical health
 - maintain healthy social relationships
 - be a voice for mental health in your community



What Young People and Families Can Do



- Ask for help
- Build healthy relationships
- Learn and practice techniques to manage stress/difficult emotions
- Take care of your body and mind
- Remember that mental health challenges are real, common and treatable
- Be intentional about your use of social media, video games and other technologies
- Identifying activities that increase socialization (with public health considerations)

A photograph of a young person with dark hair, wearing a red t-shirt, a grey beanie, and large headphones. They are lying on a bed with a green blanket, looking up and to the right. A guitar is visible in the background. The image is part of a promotional graphic for taking time for oneself.

TAKE TIME FOR YOU

Make time to unwind.

Learn more about staying safe and healthy at cdc.gov/coronavirus

The logos for the Department of Health & Human Services USA and the CDC are located in the bottom left corner of the image. The Department of Health & Human Services logo features a stylized eagle and the text "DEPARTMENT OF HEALTH & HUMAN SERVICES USA". The CDC logo is a blue square with the letters "CDC" in white.

Going Back to School

- Ask open-ended questions about expectations.
- Good idea to do imaginal or in vivo practice (exposure).
- Get clarity around 504/IEP goals.
- Primary and secondary control.





AMERICAN
PSYCHOLOGICAL
ASSOCIATION

BAM! A Student/Teacher COVID Recovery Program

Grades 4-8

American Psychological Association

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Valerie Barajas, MA, Diane Grice, MA, MS, MPP, Wayne Ha, MA, and Allison Shaver, MA, Teacher Consultants

Emily Leary Chesnes, MBA, Susan Orsillo, PhD, APA Staff

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AMERICAN
PSYCHOLOGICAL
ASSOCIATION

BAM! A Student/Teacher COVID Recovery Program

Grades 9-12

American Psychological Association

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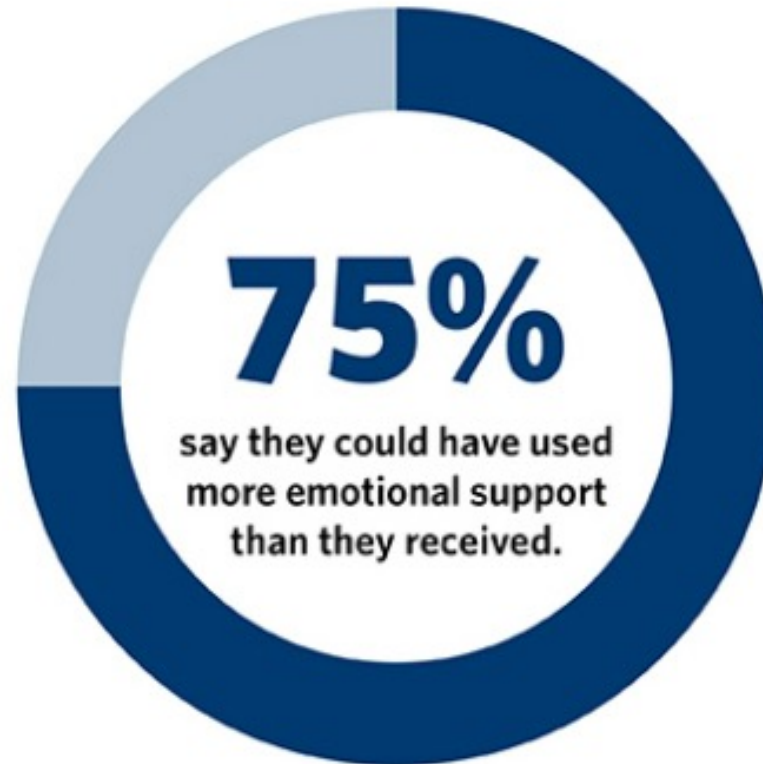
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PANDEMIC SURVEY

1 in 4 Essential Workers (25%) Diagnosed With Mental Health Disorder Since Start of Pandemic



Take care of **YOURSELF**

- Eating
- Emotions
- Sleep
- Gratitude
- Focus on things within your control

APA Tips to Manage Stress



Take a **break** from the news and social media



Find **three good things** that happened to you each day



Practice **self-care** in 15- or 30-minute increments throughout the day



Stay **connected** with friends and family



Keep things in **perspective**

Mahalo!

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BRIDGING
SCIENCE &
PRACTICE

Resources

- APA Student Resilience Program: <https://www.apa.org/education-career/k12/covid-19/building-student-resilience>
- CDC COVID-19 Parental Resources: <https://www.cdc.gov/mentalhealth/stress-coping/parental-resources/index.html>
- National Comorbidity Survey: <https://www.hcp.med.harvard.edu/ncs/>
- KHON2 Pandemic in a Pandemic: <https://www.khon2.com/pandemic-in-a-pandemic/>
- American Psychological Association Stress in America Press Room: <https://www.apa.org/news/press/releases/stress>
- PracticeWise & American Academy of Pediatrics Evidence-Based Child and Adolescent Psychosocial Interventions tool: <https://www.practicewise.com/Community/BlueMenu>
- Supporting Kids' Mental Health During COVID-19: <https://www.nimh.nih.gov/about/director/messages/2021/supporting-kids-mental-health-during-covid-19>

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Thank you for joining!



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